

Medi-Cal Enrollment Requirements and Procedures for Certified Mastectomy Fitters

The Department of Health Care Services (DHCS) is establishing Medi-Cal provider enrollment requirements for certified mastectomy fitters (CMF). Effective April 19, 2019, CMF providers acting within the scope of their practice may apply for enrollment in the Medi-Cal fee-for-service program as individuals, group providers or rendering providers and will be assigned the same provider type as prosthetists as defined in the *California Code of Regulations* (CCR), Title 22, Section 51103.

In accordance with *Welfare and Institutions Code* (W&I Code), Section 14043.75(b), DHCS is establishing specific application and enrollment requirements for CMF providers who apply for enrollment in the Medi-Cal program to be reimbursed for the covered services they provide to Medi-Cal beneficiaries. These requirements implement and make specific W&I Code, Sections 14043.26 and 14043.15, and as such have the full force and effect of law. This bulletin does not substitute for, or eliminate, all other enrollment requirements set forth in W&I Code Sections, 14043.25 and 14043.26.

Requirements for Enrollment as an Individual Billing Provider

To enroll as an individual billing provider, a CMF must be currently certified with the American Board for Certification in Orthotics, Prosthetics & Pedorthics or the Board of Certification/Accreditation. All CMF applicants requesting consideration for enrollment must complete and submit the *Medi-Cal Certified Mastectomy Fitter Application* (DHCS 6211), the *Medi-Cal Disclosure Statement* (DHCS 6207) and the *Medi-Cal Provider Agreement* (DHCS 6208), along with all supporting documentation.

Requirements for Enrollment as a Group Provider

CCR, Title 22, Section 51000.16 states: "Provider Group' means two or more rendering providers doing business together under a provider number at the same business location." In order to enroll as a group, there must be two or more individuals providing services at the same business location. CMF applicants requesting consideration for enrollment as a "group provider" will need to complete the *Medi-Cal Provider Group Application* (DHCS 6203), the *Medi-Cal Disclosure Statement* (DHCS 6207) and the *Medi-Cal Provider Agreement* (DHCS 6208), along with all supporting documentation. When applying as a group provider, in addition to the group provider application package, a complete *Medi-Cal Rendering Provider Application/Disclosure Statement/Agreement for Physician/Allied/Dental Providers* (DHCS 6216), and the *Medi-Cal Rendering Provider/Group Affiliation/Disaffiliation Form* (DHCS 4029), along with all supporting documentation, must be submitted for each individual provider not enrolled in Medi-Cal who is rendering services for the group.

Requirements for Enrollment as a Rendering Member of a Medi-Cal Enrolled Provider Group

CCR, Title 22, Section 51000.21 states: “‘Rendering provider’ means an individual provider who renders healthcare services, or provides goods, supplies or merchandise as a member of a provider group and uses the group provider number to bill the Medi-Cal program.” To enroll as a rendering provider of a Medi-Cal enrolled provider group, the rendering CMF must be currently certified with the American Board for Certification in Orthotics, Prosthetics & Pedorthics or the Board of Certification/Accreditation. All CMF applicants requesting consideration for enrollment as rendering providers must complete and submit the *Medi-Cal Rendering Provider Application/Disclosure Statement/Agreement for Physician/Allied/Dental Providers* form (DHCS 6216) and the *Medi-Cal Rendering Provider/Group Affiliation/Disaffiliation* form (DHCS 4029), along with all supporting documentation.

Note to Board Certified Orthotist and Prosthetist Providers

Certified prosthetists who are enrolled in the Medi-Cal program may currently render CMF services to eligible fee-for-service beneficiaries and bill DHCS for dates of service on or after their enrollment date.

Certified orthotists who are enrolled in the Medi-Cal program, become board certified as a mastectomy fitter and wish to provide these services must submit a completed *Medi-Cal Supplemental Changes* (DHCS 6209) form to report their new certification and must attach a copy of their valid mastectomy fitter certification.

CMFs who are enrolled in the Medi-Cal program, become board certified in orthotics or board certified in prosthetics and wish to provide these services must submit a completed *Medi-Cal Supplemental Changes* (DHCS 6209) form to report their new certification and must attach a copy of their valid orthotics or prosthetics certification.

Detailed CMF coverage and reimbursement policy information will be published in the following sections of the appropriate Medi-Cal provider manuals:

- *Orthotic and Prosthetic Appliances and Services*
- *Orthotic and Prosthetic Appliances: Billing Codes and Reimbursement Rates – Prosthetics*

Effective April 19, 2019, all of the aforementioned Medi-Cal provider application forms are available under the “Provider Enrollment Applications” section on the [Forms](#) page of the Medi-Cal website.